## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together w applicable fee(s), to: Mail Stop ISSU EE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

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CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)  466 7590 02/06/2009  YOUNG & THOMPSON 209 Madison Street Suite 500 ALEXANDRIA, VA 22314				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.  Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being faesimile transmitted to the USPTO (571) 273-2885, on the date indicated below.		
						(Signature)
						(Date)
APPLICATION NO. FILING DATE		FIRST NAMED INVENTO			ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/563,379 TITLE OF INVENTION: LIGHT-E	05/15/2006 MITTING EI	EMENT AND LIGHT-	Yasuhiko Kasama EMITTING DEVICE		8075-1023	4399
APPLN. TYPE SMALL	ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL FEE(S) DUE	DATE DUE
nonprovisional Y	ES	\$755	\$300	\$0	\$1055	05/06/2009
EXAMINER		ART UNIT	CLASS-SUBCLASS	]		05/00/2007
PATEL, ASHOK		2889	313-504000	j		
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED O			(2) the lattle of a slight erim (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
PLEASE NOTE: Unless an assist recordation as set forth in 37 CFR  (A) NAME OF ASSIGNEE  IDEAL STAR INC	gnee is identif 3.11. Compl	icd below, no assigned etion of this form is NO	data will appear on the progression of the progress	atent. If an assignce assignment. and STATE OR CO	UNTRY)	
Please check the appropriate assigned	category or c	ategories (will not be pr	inted on the patent):	Individual 🛛 Corp	oration or other private gro	up entity Government
4a. The following fee(s) are submitted:  ☐ Issue Fee ☐ Publication Fee (No small entity discount permitted) ☐ Advance Order - # of Copies			<ul> <li>4b. Payment of Fcc(s): (Please first reapply any previously paid issue fee shown above)</li> <li>A check is enclosed.</li> <li>Payment by credit card. Form PTO-2038 is attached.</li> <li>The Director is hereby authorized to charge the required fcc(s), any deficiency, or credit any overpayment, to Deposit Account Number 250120 (enclose an extra copy of this form).</li> </ul>			
5. Change in Entity Status (from status indicated above)  a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.			(IF NECESSARY)  D b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).  led from anyone other than the applicant; a registered attorney or agent; or the assignce or other party in			
nterest as shown by the records of th	e United State	red) will not be accepted s Patent and Trademark	I from anyone other than the Office.	e applicant; a registe	ered attorney or agent; or the	e assignee or other party in
Authorized Signature 3ex	roit !	Castel	11. W F Administration of the Company of the Compan	Date <u>Marc</u> ł	n 9, 2009	
Typed or printed name Benoit Castel			Registration No. 35,041			
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